mpaign Statement –			Date Stamp RECEIVED	CALIFORNIA 470
Short Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL <b>2-4</b> -2024	For Official Use Only
	11/5/2024		KINGS COUNTY ELECTIO	NS
Statement Covers Calendar Year 20 24	1			
Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  TOWN D. M. ASSEY  STREET ADDRESS  CITY  AREA CODE/DAYTIME PHONE NUMBER	Hantord, CA 93230 STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS	OFFICE SOUGHT OR HELD  SCHOOL BOCKS  JURISDICTION (LOCATION)		Tova Joint Uni entligh Sca District Number (IF APPLICABLE) 2
	nat are primarily formed to rece	•		CY.
A/A				THE STATE OF THE S
N/A				
all reasonable diligence in preparing this statement. I consider the statement of the state	knowledge I anticipate that I will re ertify under penalty of perjury und	eceive less than \$2,000 and that I will sper er the laws of the State of California that the	e foregoing is true and correct.	
	Statement Covers Calendar Year 20 24  Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  CULL D. Wassey  STREET ADDRESS  STREET ADDRESS  CITY  AREA CODE/DAYTIME PHONE NUMBER  Committee Information  List all committees of which you have knowledge the COMMITTEE NAME AND 1.D. NUMBER  Werification  I declare under penalty of perjury that to the best of my	Statement Covers Calendar Year 20 24.  Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  TOULGE STATE ZIPCODE  AREA CODE/DAYTIME PHONE NUMBER  OPTIONAL: FAX /E-MAIL ADDRESS  Committee Information  List all committees of which you have knowledge that are primarily formed to rece  COMMITTEE NAME AND I.D. NUMBER  Verification  I declare under penalty of perjury that to the best of my knowledge I anticipate that I will re all reasonable diligence in preparing this statement. I certify under penalty of perjury under the penalty of perjury the penalty of penalty	Statement Covers Calendar Year 20 24.  Offliceholder or Candidate Information  JUS JOSEPHANDERS  STREET AND BESS  STREET AND BESS  COMMITTEE NAME AND LD. NUMBER  OPTIONAL: FAX /E-MAIL ADDRESS  COMMITTEE NAME AND LD. NUMBER  Verification  I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will sper all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the Executed on 195 12024  By-  Amendment (Explain Below)  Applied to the Support on Held Office Sought or Held Office Sought	Date of election if applicable: (Mortile, Day, Year)  II 5 Jac24  Statement Covers Calendar Year 20 24.  Officeholder or Candidate Information  Augus or officeholder or Candidate Information  Committee Information  List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidate Committee Information  List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidate Committee Information  List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidate Committee Information  List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidate Committee Adoress  August 15 January